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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/816,542
		Filing Date	April 1, 2004
		First Named Inventor	Syed Hossain
		Art Unit	3672
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	1030-23100
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <i>Copy of Notice to File Missing Parts of Nonprovisional Application dated June 18, 2004 (3 p.); Supplemental Application Data Sheet (3 p.); Declaration (2 p.); Preliminary Amendment (1 p.); and acknowledgment postcard</i>	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Or Individual Name	Robert M. Gray 41,798		
Signature			
Date	August 18, 2004		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or Printed Name	Sandra K. Begley		
Signature		Date	August 18, 2004

132902.01/1030.32100

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FEE TRANSMITTAL

For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 130.00

Complete if Known

Application Number	10/816,542
Filing Date	April 1, 2004
First Named Inventor	Syed Hossain
Examiner Name	
Art Unit	3672
Attorney Docket No.	1030-23100

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:
Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
1001	770	2001	385	Utility filing Fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	163**	=	x	18.00	=	\$	
Independent Claims	4**	=	x	86.00	=	\$	
Multiple Dependent Claims				290.00	=	\$ 00.00	

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert M. Gray	Registration No. (Attorney/Agent)	41,798	Telephone	(713) 238-8000
Signature		Date	August 18, 2004		

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